U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-01B8 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as are needed. He lure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 16395	2. Fiscal Year Covered From
•	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number and address of labor organization.
Name Nephi Hancock	Name IBEW Local Union 569
	Labor Organization File Number 034254
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 10770 Jamacha Blvd., #3	Street 4545 Viewr:dge Avenue, #100
City Spring Valley	City San Diego
State California ZIP Code + 4 91978	State California ZIP Code + 4 92123 - 1633
5. Position :n labor organization. Executive Board Member	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including to	rade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, i' any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

Signature

Signature and verification. The undersigned declares, under penalty of Perjury a	nd other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying docu	ments), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete, (See the section on	
	·
Signed low ha tune or the On	00/12/0005 /000
Signed low tangoth on	08/13/2005 (858)569-8900

Date

Telephone Number

Name of Person Filing Nephi Hancock	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, cr (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8. Name and address of Business (including trade name, If any). Name San Diego Electrical Pension Trust	9. Business deals with:			
Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 231219 Street City San Diego State California ZIP Code + 4 92194-1219	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Appointed by IBEW Local 569 as a labor Trustee.			
Street City State ZIP Code + 4	11.b. Approximate doiler value of such dealing. \$0 12.a. Nature of interest held or income received. Lost wages and fringe benefits for required attendance at scheduled Board of Trustees meetings. Lost wages (\$709.76) and Fringe Benefits (\$218.32)			
	12.b. Amount, \$928			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	y or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, il any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Nephi Hancock File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic beneft with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with
Name San Diego Electrical Pension Trust	a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any PO Box 231219	b. Trust
Street	c. Employer
City San Diego	
State California ZIP Code + 4 92194-1219	
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such cealing.
Name	Appointed by IBEW Local 569 as a labor Trustee
Trade Name, if any:	
P O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Expenses for required attendance at scheduled Board of Trustees meetings and attendance at educational conferences.
	Meals-\$11.52 Registration Fee-\$1,265.00 (used by another
	Trustee)
	12.b. Amount. \$1,276